

# Our Lady of Mt Carmel Primary



## YEAR 5 EXCURSION - BONDI SCULPTURES BY THE SEA

**NAME OF EXCURSION:** Sculptures By The Sea Bondi

**PURPOSE OF EXCURSION:** To experience and appreciate artworks in an out of class environment that is both educative and enjoyable

**DATE:** Wednesday 5<sup>th</sup> November, 2014

**PLACE:** Bondi Beach

**MODE OF TRANSPORT:** Bus

**TIME OF DEPARTURE:** 9:00am

**TIME OF ARRIVAL BACK AT SCHOOL:** 3:00pm

**NUMBER OF ADULT SUPERVISORS:** 4 teachers and 6 parent volunteers

**COST:** \$14.00 will be deducted from the Excursion fee Levy

**ITEMS REQUIRED:** Please wear sports uniform including hat and bring morning tea, lunch and snacks in a small bag. Also pack sunscreen.

Please return the signed section below to Mrs Chehade or Ms Mikhael by Thursday 30<sup>th</sup> October, 2014.

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## YEAR 5 EXCURSION BONDI SCULPTURES BY THE SEA PERMISSION NOTE

I give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the excursion to Bondi Sculptures By The Sea, Wednesday 5<sup>th</sup> November, 2014. I understand that travel will be by bus.

Is your child allergic to any drug? \_\_\_\_\_  
(If so, please name drug)

Is your child at present on any medication? \_\_\_\_\_  
(If so, please name medication)

\_\_\_\_\_  
Parent/Carer Name

\_\_\_\_\_  
Parent/Carer (Signature)

\_\_\_\_\_  
Date

This excursion requires parents to assist with supervision. If you are able to attend the excursion, please complete the form below and return to school as soon as possible. It is not always possible to take all available parent volunteers. You will be notified if your attendance is required on this occasion.

- ☐ I have attended Child Protection Briefing for Volunteers.  
☐ I have completed the online component of Child Protection training.

Name \_\_\_\_\_ Signed \_\_\_\_\_

**IMPORTANT: THIS SECTION MUST BE RETURNED BY THURSDAY 30<sup>th</sup> October, 2014.**

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